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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40395 (8)

1. Corporation Name
FLORIDA NARCOLEPSY ASSOCIATION, INC.



Principal Place of Business 1499 RIDGE SHORE DR TARPON SPRINGS FL 34689 US	Mailing Address 1499 RIDGE SHORE DR TARPON SPRINGS FL 34689-7010 US
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3. Date Incorporated or Qualified 10/08/1990	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 7501-142 ND AVE N Suite Apt # etc. 22 # 377 City & State 23 LARGO FL Zip 24 33771	2a. Mailing Address 25 PO Box 7304 Suite, Apt. #, etc. 27 City & State 28 SEMINOLE FL Zip 29 33775	4. FEI Number 59-3033120 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
LEHNER, ARLENE R.
1499 RIDGE SHORE DR
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name ROBERT SOMMERKAMP
82 Street Address (P.O. Box Number is Not Acceptable)
7501-142ND AVE N
83
84 City LARGO FL 85 Zip Code 33771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
SIGNATURE: *Robert Sommerkamp* ROBERT SOMMERKAMP 2/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEHNER, ARLENE R.	
STREET ADDRESS	1499 RIDGE SHORE DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTS, MARY	
STREET ADDRESS	10457 COOPERWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAY, ROBERT	
STREET ADDRESS	16211 2ND ST. E.	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOETTMANN, ROBERT	
STREET ADDRESS	5104 43RD AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RHODES, RON	
STREET ADDRESS	3773 WAKE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UNDERWOOD, GLENN	
STREET ADDRESS	12240- 69TH TERR N	
CITY-ST-ZIP	SEMINOLE FL 34642	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ROBERT SOMMERKAMP		
1.3 STREET ADDRESS	7501-142 ND AVE N # 377		
1.4 CITY-ST-ZIP	LARGO FL 33771		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Robert Sommerkamp* Secretary 2/8/97 (813) 536-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080051

CR2E037 (9/96)